



CONSUMER TAX (MEALS/LODGING) REGISTRATION FORM

Warren County Commissioner of the Revenue Business Department
 Physical Address: 220 N. Commerce Avenue / Mailing Address: P.O. Box 1775, Front Royal, VA 22630
 Tel 540.635.2651 Fax 540.636.8280

Mail, Fax, or email completed form to :

Paula Brady

pbrady@warrencountyva.gov

Separate Registration Form Needed For Each Location

NAME OF BUSINESS:			
BUSINESS LOCATION:			
DATE THE BUSINESS BEGAN OPERATION:			
OWNERS:			
MAILING ADDRESS:			
EMAIL:		TELEPHONE #:	
CLASSIFICATION OF OPERATION:			
<small>(Classification examples include but not limited to Hotel, Motel, Air BnB, VRBO, Cabin, or other short-term lodging establishments, Restaurant, Cafeteria, Coffee Shop, Club, Convenience or Grocery Store, Deli, Diner, Dining Room, Eatery, Lunch Counter, Snack Bar, or other establishments preparing food)</small>			
TYPE OF OWNERSHIP:	<input type="checkbox"/> Individual (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation		
FEDERAL TAX ID #:		SOCIAL SECURITY #:	
STATE SALES TAX #:			
NAME & ADDRESS OF REGISTERED AGENT (if a corporation)			
<p>The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.</p>			
<p>Declaration: I hereby declare, under penalty of perjury, that the statements made herein are true, complete, and correct to the best of my knowledge and belief, and that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.</p>			

SIGNATURE OF AUTHORIZED PERSON:			
PRINT NAME:			
TITLE OR CAPACITY FOR SIGNING:			
DATE:		TELEPHONE#:	